

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Oakland, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 35 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Oakland, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sarah Rebecca Ashby.

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Eucebius W. Ashby.  
Deceased. 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) August 14th 1874

8. AGE: Years 72 Months 10 Days 4 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace West Virginia.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Levi Strawser.

13. Birthplace Pennsylvania.

14. Maiden name Savilla Guthery.

15. Birthplace Pennsylvania.

16. Informant Mrs. John DeWitt.

Address Crellin, Md.

17. Burial Burial Date thereof June 20/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arnold Cemetery.

Location Near Oakland, Maryland.

18. Funeral director Emory D. Bolden

Address Oakland, Md.

19. Date rec'd by registrar June 23/47 Registrar Julius A. Norman

(Date rec'd by registrar) (month) (day) (year)

## MEDICAL CERTIFICATION

A. M.

20. DATE OF DEATH June 18th 19 47 at 2:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 19 47 to June 17 19 47

and that I last saw him alive on June 17 19 47

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Angstic Heart failure

Due to Arteriosclerotic myocarditis

Due to \_\_\_\_\_

Other conditions Arrhythmic fibrillation

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Anteopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Julius A. Norman M. D. or other \_\_\_\_\_

Address Oakland, Md. Date signed June 23/47

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05054

93d

RECEIVED

JUL 7 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05055

Reg. Dist. No. 172

## 1. PLACE OF DEATH

County GarrettCity or town West Vindex

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hrs.

Hospital, institution, or street address where death occurred:

Johnstown Coal & Coke Co mine

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va.County MineralCity or town Elk Garden

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Edward Washington Atchison3. (b) Social Security Number  
232-07-5829

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife  
Edith Fredericka (Kerns) Atchison

## 7. Birth date of

deceased (mo., day, yr.)

Dec. 25, 1879

6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

67 62

..... hrs.

..... min.

## 9. Birthplace

Orkney Springs, Virginia

(Town, county, State)

## 10. Usual occupation

MinerCoal Mines

## 11. Industry or business

FATHER Newton Franklin Atchison12. Name Quantico, Va.13. Birthplace Catherine Bassey

## 14. Maiden name

15. Birthplace Orkney Springs, Va.

## 16. Informant

Mrs. Thelma Deihl  
406 Furnace St., Cumberland, Md.Address Burial

## 17. (Burial, cremation, or removal. Which?)

Date thereof June 30, 1947Cemetery or crematory I.O.O.F. CemeteryElk Garden, W. Va.

Location

## 18. Funeral director

Otha F. SharplessAddress Blaine, W. Va.

## 19.

(Date rec'd by registrar)

19

6/30Al Barrick  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 47 8:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

death on arrival to 19and that I last saw him alive on 19Immediate cause of death trauma right shoulder,  
crushed right chest (intercostal space),  
crushed right eye

## DURATION

Due to mine accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 27, 1947Where did injury occur? Knob mine  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Johnstown Coal & Coke Co.Means of injury mine accident Injured at work? yes

23. SIGNATURE

M. D. or other

Address

Date signed June 28, 1947

1871

RECEIVED  
JUL 31 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 948

## CERTIFICATE OF DEATH

05056

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County Garrett  
 City or town Swanton, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Swanton, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Millie Mae Bittinger.

## 3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married.

8. (b) Name of husband or wife Peter BittingerB. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) April 6th 1886.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>10</u>	<u>28</u>	.....hrs. ....min.

9. Birthplace Garrett County.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Aaron Pritts.13. Birthplace Pennsylvania.14. Maiden name Jennie Pyles.15. Birthplace Cumberland, Maryland.16. Informant Peter Bittinger.Address Swanton, Maryland.17. Burial Date thereof June 6/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Obrien Cemetery.Location Meadow Mountain, Maryland.18. Funeral director Emory D. Bolden.Address Oakland, Md.19. 6/5/47 Julius A. Rowan  
(Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH June 3d, 19 47, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-30-47 19 47 to 6-3-47 19 47  
 and that I last saw h. er alive on 5-30-47 19 47

Immediate cause of death

Heart AttackDURATION  
4 days

Due to

Due to Anginae

1 hour

Other condilions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

M. D. or other

Address Oakland, MarylandDate signed 6-4-47

RECEIVED

JUN 13 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

123

05057  
166

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Garrett  
 City or town Deer Park, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 31 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Deer Park, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Jacob Boyer.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife .....

8. (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 16th, 1863

8. AGE: Years 83 Months 6 Days 13 If less than one day ..... hrs. .... min.

9. Birthplace Selbysport, Md.  
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name William Boyer.  
13. Birthplace Selbysport, Md.14. Maiden name Unknown  
15. Birthplace Unknown16. Informant Charles A. Ashby.  
Address Deer Park, Md.17. Burial Date thereof July 3/1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Deer Park Cemetery.  
Location Deer Park, Md.18. Funeral director Emory D. Bolden  
Address Wakarusa, Md.19. 7/3/47 Julius Roven  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 19 47 at 9:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26th 19 47 to 6-29- 19 47and that I last saw h. in alive on 6-29-47 19 47Immediate cause of death Heart FailureDURATION  
suddenDue to Chronic Constipation  
Chronic Gastritis 1 weekDue to Underlying cause: Unknown  
[7/30/47 aka]

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of Injury Injured at work?

23. SIGNATURE Edmund P. Solter M. D. or otherAddress Oakland, Maryland Date signed 7-3-47



RECEIVED  
JUL 7 1947  
BUREAU OF



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46e

## CERTIFICATE OF DEATH

05058 166  
Reg. Dist. No. ....

1. PLACE OF DEATH:  
County Garnett  
City or town Crillon  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 mos.  
Hospital, institution, or street address where death occurred:  
✓  
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State md County Allegany  
City or town Gilsum  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. R. F. 10  
(If rural, give LOCATION)  
2. (a) If veteran, name war ✓

### 3. (a) FULL NAME

Michael John Campbell

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
B. (b) Name of husband or wife Elizabeth Leann  
7. Birth date of deceased (mo., day, yr.) June 24, 1878 6. (c) If alive, give age ✓ years  
8. AGE: Years 77 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Midland, Allegany, md  
(Town, county, and state)

10. Usual occupation Retired Miner

11. Industry or business Coal Mine

12. Name Mr Campbell

13. Birthplace England

14. Maiden name Margaret Keating

15. Birthplace England

16. Informant Mrs Dwight Leahy

Address Crillon, md

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 7, 47  
(month) (day) (year)

Cemetery or crematory Belvedere Cemetery

Location Midland, md

18. Funeral director M. Eichhorn

Address Lanacoring, md

19. June 7, 47 John A. Kawan  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1947 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19, 47 to June 2, 47

and that I last saw him alive on 19

Immediate cause of death Circulatory collapse -

Due to General arteriosclerosis

Due to Carcinoma of the

Large bowel

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Inoperable

Carcinoma colon Date of op. Mar 14, 47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. C. Gannon, md

Address Oakland md Date signed June 2, 47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WESTLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 13 1947

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05059

Reg. Dist. No. 166

## 1. PLACE OF DEATH:

County GarrettCity or town Near Swanton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County AlleghenyCity or town Nr. Swanton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Irvin Romaine Deetz

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Helen Deetz8. (c) If alive, give age 26 years

## 7. Birth date of deceased (mo., day, yr.)

April, 1st, 1915

## 8. AGE:

Years

Months

Days

If less than one day

32224

hrs.

min.

9. Birthplace Lonaconing, Maryland.  
(Town, county, and state)10. Usual occupation Mechanic

## 11. Industry or business

## FATHER

12. Name Frederick Deetz13. Birthplace Lonaconing, Maryland.

## MOTHER

14. Maiden name Anna Dawson15. Birthplace Lonaconing, Maryland.16. Informant Frederick DeetzAddress Cumberland, Md.17. Burial Date thereof June 29, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Cumberland, Md.18. Funeral director Emroy D. BoldenAddress Oakland, Md.19. 6-29 19 47 Julius A. Roman  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June, 25th, 19 47, at 11:25 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from p  
Examined after death, to \_\_\_\_\_ 19 \_\_\_\_\_and that I last saw him alive on dead \_\_\_\_\_ 18 \_\_\_\_\_Immediate cause of death Fracture 7th, cervical vertebra  
crushing injuries of right chest  
Due to automobile upset

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/25/47Where did injury occur? Nr. Swanton Garrett Co. Md  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public RoadMeans of injury Automobile accident See next page23. SIGNATURE Ed Baumgartner M.D. M. D. or otherAddress Oakland Md Date signed 6/26/47

RECEIVED  
JUN 8 1947  
BUREAU T.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d.

05060

## CERTIFICATE OF DEATH

Reg. Dist. No. 172

## 1. PLACE OF DEATH:

County **Garrett**  
 City or town **Mt. Lake Park**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **9mon.**  
 Hospital, institution, or street address where death occurred:  
**Kiser Nursing Home**  
 How long in hospital or institution? **9Mon**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Garrett**  
 City or town **Barnum**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

**George Bishop Farris**

## 3. (b) Social Security Number

**None**4. Sex  
**Male**5. Color or race  
**White**6. (a) Single, married, widowed, or divorced  
**Married**

## MEDICAL CERTIFICATION

20. DATE OF DEATH **June 14 1947** at **8P.**

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

**June 7 1947 to June 14 1947**and that I last saw him alive on **June 17 1947**

Immediate cause of death

**Ch. Myocarditis**

DURATION

Due to **Cardiovascular**Due to **Myocarditis**

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE **W. L. Lee** M. D. or otherAddress **Westernport, Md.** Date signed **6/16/47**6. (b) Name of husband or wife **Stella Florence (Smith)****Farris**7. Birth date of deceased (mo., day, yr.) **April 26, 1871**8. AGE: Years **76** Months **1** Days **18** If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace **Great CaCapon, W.Va.**  
(Town, county, and state)10. Usual occupation **Blacksmith**11. Industry or business **Coal Mines**12. Name **John Farris**13. Birthplace **Great CaCapon, W.Va.**14. Maiden name **Jane Youngblood**15. Birthplace **PawPaw, W.Va.**16. Informant **James Farris**Address **105 First St., Westernport, Md.**17. Burial (Burial, cremation, or removal. Which?) **June 17, 1947**  
(month) (day) (year)Cemetery or crematory **Bethel Cemetery**Location **Barnum, Garrett Co., Md.**18. Funeral director **Otha F. Sharpless**Address **Blaine, W.Va.**19. (Date rec'd by registrar) **6/17 47** Registrar **Alvin Barriol**

RECEIVED  
JUL 31 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95c

## CERTIFICATE OF DEATH

Reg. Dist. No. 05061 166

### 1. PLACE OF DEATH:

County Garrett  
City or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 yrs.  
Hospital, institution, or street address where death occurred:  
-----  
How long in hospital or institution? -----

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. -----  
(If rural, give LOCATION)  
-----  
2.(a) If veteran, name war -----

### 3. (a) FULL NAME

Flora Maysilles Fouch

### 3. (b) Social Security Number

-----

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Edwin O. Fouch  
7. Birth date of deceased (mo., day, yr.) September 27, 1875 6.(c) If alive, give age 78 years  
8. AGE: Years 71 Months 8 Days 22 If less than one day ----- hrs. ----- min.

9. Birthplace Washington Co., Md.  
(Town, county, and state)  
10. Usual occupation House Wife  
11. Industry or business Own Home  
12. Name Martin L. Maysilles  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace -----

16. Informant E. O. Fouch  
Address Mt. Lake Park, Md.

17. Burial Date thereof June 19, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Oakland Cemetery  
Location Oakland, Maryland.

18. Funeral director Herbert C. Leighton  
Address Oakland, Maryland.

19. June 19 19 47 Julius P. Rowan  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 19 47 at 4:15P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 47 and that I last saw h. er alive on 6-17-47 19 47

Immediate cause of death Heart attack

Due to Chronic Heart lesion

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Edwin O. Fouch M. D. or other

Address Oakland, Maryland Date signed 6-18-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

JUN 25 1947

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05062

Reg. Dist. No. 166

### 1. PLACE OF DEATH:

County Garrett  
City or town Rural Swanton,  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 60 yrs.  
Hospital, institution, or street address where death occurred:  
-----  
How long in hospital or institution? -----

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
City or town Rural - Swanton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 6 Mi. N W Swanton, Md.  
(If rural, give LOCATION)  
-----  
2.(a) If veteran, name war -----

### 3. (a) FULL NAME

Walter Isaac Friend

### 3. (b) Social Security Number

-----

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Blanche Culp Friend  
6.(c) It alive, give age 52 years  
7. Birth date of deceased (mo., day, yr.) July 14, 1886

8. AGE:	Years	Months	Days	It less than one day
	<u>60</u>	<u>11</u>	<u>14</u>	hrs. min.

9. Birthplace Garrett Co., Md.  
(Town, county, and state)  
10. Usual occupation Farmer  
11. Industry or business  
12. Name John W. Friend  
13. Birthplace Garrett Co., Md.  
14. Maiden name Rachel Fry  
15. Birthplace Garrett Co., Md.

16. Informant Mrs. Walter I. Friend  
Address R. D. Swanton, Md.  
17. Burial Date thereof July 1, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Glendale Cemetery  
Location Garrett Co., Md.  
18. Funeral director Herbert C. Leighton  
Address Oakland, Maryland.

19. 6-30-47 19 47 Julius G. Bowen  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1947 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1945 to June 1947  
and that I last saw him alive on June 23 1947

Immediate cause of death Essential Hypertension DURATION 10 yrs

Due to -----  
Due to -----  
Other conditions -----  
(Include pregnancy within 3 months of death)

Major findings of operations -----  
Date of op. -----  
Autopsy results -----  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:  
Accident, suicide, or homicide ----- Date of -----  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) -----  
Means of injury ----- Injured at work? -----  
23. SIGNATURE E. J. Baungeter Jr. M. D. or other  
Oakland Md Date signed 6/30/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 17 1947

BUREAU OF

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 05063 162

### 1. PLACE OF DEATH:

County Garett  
City or town Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garett  
City or town Near Grantsville  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name was

### 3. (a) FULL NAME

Winfield Scott Garletz

### 3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Rose Garletz  
6.(c) If alive, give age 71 years  
7. Birth date of deceased (mo., day, year) January 25, 1914  
8. AGE: Years 72 Months 4 Days 10 If less than one day  
hrs. min.

9. Birthplace Rural Near Frostburg Md  
(Town, county, and state)

10. Usual occupation Retired Farmer

### 11. Industry or business

12. Name George Garletz  
13. Birthplace Avilton Garrett Co Md

14. Maiden name Nancy L. Durst  
15. Birthplace Avilton Garrett Co Md

16. Informant James Garletz  
Address Grantsville Md

17. Burial Date thereof June 6, 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Blocher  
Location Rural Near Frostburg Md

18. Funeral director Wm Winterberg  
Address Grantsville Md

19. June 5 1947 Ethel Broadwater  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1947 at 8:30am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1947 to June 4 1947  
and that I last saw him alive on June 4 1947

Immediate cause of death Cerebral hemorrhage DURATION 7 days

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

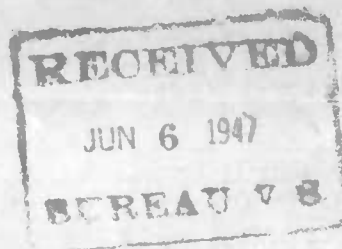
23. SIGNATURE H. P. Davis M.D. M. D. or other

Address Grantsville Md Date signed June 5, 1947

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05064

Reg. Dist. No. 166

1. PLACE OF DEATH:  
County Garrett  
City or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life time  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Garrett  
City or town Oakland, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME Nellie Cecelia Helbig.

3. (b) Social Security Number  
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Andrew Helbig.  
Deceased. 8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26th, 1872.

8. AGE: Years 74 Months 10 Days 24 If less than one day  
hrs. min.

9. Birthplace Oakland, Maryland.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name John T. Browning.

13. Birthplace Oakland, Maryland.

14. Maiden name Florence L. Jamison.

15. Birthplace Oakland, Maryland.

16. Informant Leo Helbig.

Address Oakland, Maryland.

17. Burial Date thereof June 21st/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Peters Cemetery.

Location Oakland, Maryland.

18. Funeral director Emory D. Bolden

Address Oakland, Maryland.

19. (Date rec'd by registrar) 4/21/47 Registrar Julius A. Rowan

MEDICAL CERTIFICATION A.M.  
20. DATE OF DEATH June 19th, 1947 at 4:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 40 to Jan 47  
and that I last saw her alive on 18 June 47

Immediate cause of death Pneumonia

Due to Cerebral Hemorrhage

Due to Atherosclerosis -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations  
Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of  
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE A.S. Thayer MD M. D. or other  
Address Oakland Md Date signed 20 June 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15- 9-45

RECEIVED

JUL 7 1947

BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1378

## CERTIFICATE OF DEATH

Reg. Dist. No. 05065/66

## 1. PLACE OF DEATH:

County Garrett  
 City or town Mt. Lake Park,  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 month  
 Hospital, institution, or street address where death occurred:  
Kiser Nursing Home  
 How long in hospital or institution? 1 month

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Allegany  
 City or town Cumberland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. not known  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war ----- ✓

## 3. (a) FULL NAME

David Wilson Leasure

## 3. (b) Social Security Number

220-10-8772

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife Unknown  
 7. Birth date of deceased (mo., day, yr.) February 7, 1875 6.(c) If alive, give age ----- years  
 8. AGE: Years 72 Months 4 Days 8 If less than one day ----- hrs. ----- min.

9. Birthplace Unknown (Town, county, and state)  
 10. Usual occupation Unknown  
 11. Industry or business Unknown  
 12. Name Unknown  
 13. Birthplace Unknown  
 14. Maiden name Unknown  
 15. Birthplace Unknown

16. Informant Mrs. Harry Kiser-Morgan of home  
 Address Mt. Lake Park, Md.  
 17. Burial Date thereof June 17, 1947  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Oakland Cemetery  
 Location Oakland, Maryland.  
 18. Funeral director Herbert P. Leighston  
 Address Oakland, Maryland.  
 19. 6/17/47 19 47 Julius A. Rowan  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 47 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 19 47, to June 15th 19 47,  
 and that I last saw him 12:30 on June 14th 19 47.

Immediate cause of death Heart attack DURATION 6 months

Due to Acute Prostatitis  
And Cystitis and Indigestion

Due to -----  
 Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations ----- Date of op. -----

Autopsy results -----  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

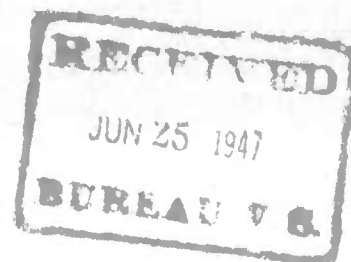
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Edward E. Kiser M. D. or other -----  
 Address Oakland, MD Date signed 6-17-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

93d

05066

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County Garrett  
 City or town RD #1 Salisbury, Pa.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life time  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. RD #1 Salisbury, Pa.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Harry Poleman

## 3. (b) Social Security Number

160-20-8496

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife Ica Poleman 6.(c) If alive, give age 56 years  
 7. Birth date of deceased (mo., day, yr.) April 11, 1893  
 8. AGE: Years 54 Months 2 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Rural Salisbury, Pa.  
 (Town, county, and state)  
Saw Milling  
 10. Usual occupation  
 11. Industry or business None  
 12. Name Charles Poleman  
 13. Birthplace RD #1 Salisbury, Pa.  
 14. Maiden name Annie Glotfelty  
 15. Birthplace RD #1 Salisbury, Pa.

16. Informant Lawrence Poleman  
 Address RD #1 Salisbury, Pa.  
 17. Burial July 3, 1947  
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)  
 Cemetery or crematory Mount Zion  
 Location Star Rural Frostburg, Md.  
 18. Funeral director Edwin White  
 Address Grantsville, Maryland  
 19. July 3 47 Edwin Broadwater  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1947 at 11:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947 and that I last saw him alive on 1947

Immediate cause of death Chronic Myocarditis  
 DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

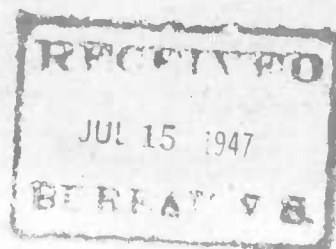
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. L. Bannister M.D.Address Oakland Date signed 7/2/47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 050676 6

### 1. PLACE OF DEATH:

County Garrett  
City or town Mt. Lake Park  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 16 yrs.  
Hospital, institution, or street address where death occurred:  
-----  
How long in hospital or institution? -----

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garret t  
City or town Mt. Lake Park,  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. -----  
(If rural, give LOCATION)  
-----  
2.(a) If veteran, name war -----

### 3. (a) FULL NAME

Stella Hamill Schooley

### 3. (b) Social Security Number

-----

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife L. L. Schoolay  
6. (c) If alive, give age ----- years  
7. Birth date of deceased (mo., day, yr.) November 24, 1880

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>27</u>	----- hrs. ----- min.

9. Birthplace Garrett Co., Md.  
(Town, county, and state)  
10. Usual occupation House Wife  
11. Industry or business Own Home

MOTHER FATHER  
12. Name Henry O. Hamill  
13. Birthplace Western Port, Md.  
14. Maiden name Mary A. Price  
15. Birthplace South Wales

16. Informant Mrs. Belle Nine  
Address Mt. Lake Park, Md.

Burial Date thereof June 21, 1947  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Green Lawn Masonic Cemetery  
Location Clarksburg, W. Va.

18. Funeral director Herbert C. Leighton  
Address Oakland, Maryland.

19. June 21, 1947 Julius G. Rowan  
(Date rec'd by registrar) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 47 at 5:45A am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1947 to June 19, 1947  
and that I last saw him/her alive on June 18, 1947  
Immediate cause of death Apoplexia

DURATION
<u>14 days</u>

Due to Hypertension  
Due to -----  
Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----  
Date of op. -----

Autopsy results no  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: -----  
Accident, suicide, or homicide ----- Date of -----  
Where did injury occur? ----- (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) -----  
Means of injury ----- Injured at work? -----

23. SIGNATURE J. S. Wengel, M.D. M. D. or other  
Address Oakland Md. Date signed 6-20-47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 25 1947

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County Garrett  
 City or town Hutton, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 34 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Garrett  
 City or town Hutton, Maryland.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Mrs. Celestine Sereno.

## 3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife John Sereno.

Deceased. 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 18th 1869.8. AGE: Years Months Days If less than one day  
77 7 12 hrs. min.9. Birthplace Italy.  
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Joseph Marzo.13. Birthplace Italy.14. Maiden name Unknown15. Birthplace Italy.16. Informant Edgel Sereno,Address Hutton, Md.17. Burial Date thereof July 5d/1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peters Cemetery.Location Oakland, Maryland.18. Funeral director Emory D. Golden,Address Oakland, Md.19. July 5 19 47 Julius A. Lauren  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

A.M

20. DATE OF DEATH June 30th 19 47 at 7:00 M21. I CERTIFY that death occurred on the date above stated; that I deceased from19 Dec 19 46 to 30 June 19 47and that I last saw her alive on 21 June 19 47

Immediate cause of death

Chronic Myocarditis - 6 yrs.

Due to

Atherosclerosis - ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A.E. Mance, M.D. M. D. or otherAddress Oakland, Md. Date signed July 3 19 47



RECEIVED

JUL 7 1947

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

05069

Reg. Dist. No. 1622

## 1. PLACE OF DEATH:

County Garrett  
 City or town Grantsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett  
 City or town Grantsville, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Frank B. Swart

## 3. (b) Social Security Number

None.

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Elizabeth S. Swart

## 7. Birth date of

deceased (mo., day, yr.)

Jan. 25, 1872

6. (c) If alive, give age. 75 years

## 8. AGE:

Years

Months

Days

If less than one day

75

4

12

hrs.

min.

## 9. Birthplace

Washington DC - Dist of Columbia  
(Town, county, and state)

## 10. Usual occupation

Retired Farmer

## 11. Industry or business

None

## FATHER

## 12. Name

Barnet T. Swart

## 13. Birthplace

Warrington, Va.

## MOTHER

## 14. Maiden name

Sara Bryan

## 15. Birthplace

Washington DC

## 16. Informant

Mrs Elizabeth Swart

## Address

Grantsville, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 9, 1947  
(month) (day) (year)

## Cemetery or crematory

Alleghany

## Location

Frostburg, Md.

## 18. Funeral director

Wm Winterberg

## Address

Grantsville, Md.

## 19. Date rec'd by registrar

June 8, 47

## 19. 47

Ethel Broadwater  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1947 at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 1947fo. June 7 1947

and that I last saw him alive on

June 7 1947

Immediate cause of death

Coronary occlusion

DURATION

2 days

Due to

Due to

Other conditions

Cerebral Thrombosis (14 May 47)

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

SALISBURY PA

M. D. W. H. H. M.D.Date signed 7 JUNE 47

RECEIVED

JUN 10 1947

BUREAU V.C.